

4920

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
1. County of Graham  
District of Pima  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 218  
County Registrar No. 178  
Local Registrar No. 107

2. Full name of child Kerry If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth 8 27 23  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Chris King  
9. Residence (Usual place of abode) Tucson  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race White 11. Age at last birthday 41 (Years)  
12. Birthplace (city or place) Arizona (State or country) \_\_\_\_\_  
13. Occupation Farmer  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Larinda Pichayffer  
15. Residence (Usual place of abode) Pima  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race White 17. Age at last birthday 36 (Years)  
18. Birthplace (city or place) Arizona (State or country) \_\_\_\_\_  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 1  
21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ on the date above stated.  
(Born alive or stillborn.)  
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Dr. Martin's, M.D. (Physician or midwife)  
Address Pima  
Given name added from a supplemental report \_\_\_\_\_ Month, day, year. \_\_\_\_\_  
Registrars. Filed 9-7, 1923 Hattie W. Schuess Local Registrar.  
Filed 9-7, 1923 D. Scott Schuess County Registrar.

928-825-379

In order of birth stated.